

**INSTRUCTIONS FOR COMPLETING EXPENDITURE REPORT, DMT-855**  
**Please Type or Print**

Completion of this form meets the requirements of s. 46.036, Wis. Stats. Failure to complete the form may result in non-payment of expenditures. Personally identifiable information on this form will be used only to process the form.

Check the box to indicate type of expenditure report. The choices are Original Report, Additional Report or Final Report. There should be only one original report per report period. Corrections to previously reported periods should be made on additional reports.

<b>Agency Number</b>	Enter the CARS agency number from the contract.
<b>Agency Name</b>	Enter the name of the reporting agency.
<b>Contract Period</b>	Enter the beginning and ending date of the contract period.
<b>Agency Type</b>	Enter the one or two-digit agency type from the contract.
<b>Agency Address</b>	Enter the mailing address of the reporting agency.
<b>Contract Administrator</b>	Enter the name of the state contract administrator or program manager.
<b>Report Period</b>	Enter the beginning and ending date of the month covered by this report.
<b>Contact Person and Telephone Number</b>	Enter the name and phone number of the person preparing this report.
<b>E-mail Address</b>	Enter the contact person's E-mail address
<b>Profile Name</b>	For each total, enter the name of the CARS PROFILE.
<b>Profile ID Number</b>	For each total, enter the CARS PROFILE ID.
<b>Total</b>	Total expenditures for this profile (if expense is negative, put parenthesis around the dollar amount).
<b>Category of Expenditure</b>	Enter breakdown of expenditures and revenues required by contract (e.g. Personnel Services, Program Supplies, Agency Operations...). Provide total line for each separate PROFILE ID.
<b>Total Reported Expenses</b>	Total down each column (Personnel Services, Consult/Contract, Program Supplies, Agency Operations, Indirect Costs).
<b>Comments</b>	Use as necessary.
<b>Name and Title of Authorized Representative</b>	Enter the name and title of the authorized agency representative.
<b>Signature of Authorized Agency Representative</b>	Enter the signature of the authorized agency representative. The original signature copy must be sent to the CARS Unit.
<b>Date Signed</b>	Enter the date the report was signed.
<b>Distribution – Send to:</b>	Division of Management and Technology Bureau of Fiscal Services, Processing Section – CARS Unit PO Box 7850, Madison, WI 53707-7850

Retain a copy for your records and mail one copy to your Contract Administrator.